| Fill  | in this information to   | identify your ca                  | ase:   |   |                   |                           |                                   |                           |                                   |                 |
|---|--|-----------------------------------|--|---|-------------------|---------------------------|-----------------------------------|---------------------------|-----------------------------------|-----------------|
| Del   | otor 1   | Matthew Chri                      | stian Wetzel   |   |                   |                           |                                   |                           |                                   |                 |
|   | otor 2<br>buse, if filing)                                     |                                   |  |   |                   | _                         |                                   |                           |                                   |                 |
| Uni   | ted States Bankrupt  | cy Court for the                  | MIDDLE DISTRICT O<br>HARRISBURG DIVISI   |   |                   |                           |                                   |                           |                                   |                 |
|   | se number 1:24   | 4-bk-3323                         |  |   |                   |                           |                                   | ded filing<br>ment showin | ng postpetition<br>ollowing date: |                 |
| 0   | fficial Form   | <u> 1061</u>                      |  |   |                   |                           | MM / DD                           | YYYY                      |                                   |                 |
| S   | chedule I: \   | Your Inco                         | ome  |   |                   |                           |                                   |                           |                                   | 12/15           |
| sup<br>spo<br>atta  | plying correct inforuse. If you are sepa<br>ch a separate shee | rmation. If you<br>arated and you | ible. If two married peo<br>are married and not filir<br>r spouse is not filing wi<br>On the top of any addition | ng jointly, and your s<br>th you, do not includ | pouse<br>le infor | is livi<br>matio          | ng with you, ir<br>n about your s | clude infor               | mation about<br>ore space is      | your<br>needed, |
| 1.  | Fill in your emploinformation.                                 | oyment                            |  | Debtor 1  |                   |                           | Debto                             | r 2 or non-fi             | iling spouse                      |                 |
| If you have more than one job,<br>attach a separate page with<br>information about additional |  | Employment status                 |  |   |                   | ☐ Employed ☐ Not employed |                                   |                           |                                   |                 |
|   | employers.  Include part-time, seasonal, or                    |                                   | Occupation   | Delivery driver                                 |                   |                           |                                   |                           |                                   |                 |
|   | self-employed wor  | ·K.                               | Employer's name  | Domino's Pizza                                  |                   |                           |                                   |                           |                                   |                 |
|   | Occupation may include student or homemaker, if it applies.    |                                   | Employer's address   | 1025 Winchester<br>Martinsburg, WV              |                   |                           |                                   |                           |                                   |                 |
|   |  |                                   | How long employed th   | nere? <u>1 1/2 yea</u>                          | ars               |                           |                                   |                           |                                   |                 |
| Par   | t 2: Give Det  | ails About Mor                    | thly Income  |   |                   |                           |                                   |                           |                                   |                 |
| 1 -   | mate monthly inco  | .1                                | te you file this form. If yo   | ou have nothing to repo                         | ort for ar        | ny line                   | e, write \$0 in the               | space. Inclu              | de your non-fi                    | ling spouse     |
|   | ou or your non-filing s<br>e space, attach a se                |                                   | ore than one employer, co  | mbine the information                           | for all e         | emplo                     | yers for that pe                  | son on the l              | ines below. If                    | you need        |
|   |  |                                   |  |   |                   |                           | For Debtor 1                      |                           | btor 2 or<br>ing spouse           |                 |
| 2.  |  |                                   | ry, and commissions (becalculate what the monthly  |   | 2.                | \$_                       | 1,084.00                          | <u>)</u> \$               | N/A                               |                 |
| 3.  | Estimate and list  | monthly overt                     | me pay.  |   | 3.                | +\$_                      | 51.00                             | )_ +\$                    | N/A                               |                 |
| 4. Calculate gross Income. Add line 2 + line 3.   |  |                                   |  | 4.  | \$_               | 1,135.00                  | \$                                | N/A                       |                                   |                 |

| Debt | tor 1           | Matthew Christian Wetzel   | _           | Case              | number (if known)       | 1:24-bk-3  | 3323                  |
|------|-----------------|--|-------------|-------------------|-------------------------|------------|-----------------------|
|      |                 |  |             |                   |                         |            |                       |
|      |                 |  |             | Fo                | r Debtor 1              | For Deb    | tor 2 or<br>ig spouse |
|      | Cop             | by line 4 here   | 4.          | \$_               | 1,135.00                | \$         | N/A                   |
| 5.   | List            | t all payroll deductions:  |             |                   |                         |            |                       |
|      | 5a.             | Tax, Medicare, and Social Security deductions  | 5a.         | \$                | 331.00                  | \$         | N/A                   |
|      | 5b.             | Mandatory contributions for retirement plans   | 5b.         | \$                | 0.00                    | \$         | N/A                   |
|      | 5c.             | Voluntary contributions for retirement plans   | 5c.         | \$_               | 0.00                    | \$         | N/A                   |
|      | 5d.             | Required repayments of retirement fund loans   | 5d.         | \$_               | 0.00                    | \$         | N/A                   |
|      | 5e.             | Insurance  | 5e.         | \$_               | 0.00                    | \$         | N/A                   |
|      | 5f.             | Domestic support obligations   | 5f.         | \$_               | 0.00                    | \$         | N/A                   |
|      | 5g.<br>5h.      | Union dues Other deductions. Specify: Partners Foundation (charity)  | 5g.<br>5h.+ | *_<br>· \$        | 0.00<br>11.00           | \$         | N/A<br>N/A            |
|      | JII.            | Fees for unloading from card   | _ 311.7     | ົ⊅_<br>\$         | 14.00                   | * \$       | N/A                   |
| e    | م ۸             | -  |             | Ψ_                | 356.00                  | Φ          | N/A                   |
| 6.   |                 | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.          | ф<br>—            | 779.00                  | Φ          | N/A                   |
| 7.   |                 | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.          | \$_               | 119.00                  | \$         | IN/A                  |
| 8.   | <b>List</b> 8a. | tall other income regularly received:  Net income from rental property and from operating a business,                              |             |                   |                         |            |                       |
|      |                 | profession, or farm  |             |                   |                         |            |                       |
|      |                 | Attach a statement for each property and business showing gross  |             |                   |                         |            |                       |
|      |                 | receipts, ordinary and necessary business expenses, and the total monthly net income.  | 8a.         | \$                | 0.00                    | \$         | N/A                   |
|      | 8b.             | Interest and dividends   | 8b.         | \$<br>\$          |                         | \$         | N/A                   |
|      | 8c.             | Family support payments that you, a non-filing spouse, or a dependent regularly receive  |             | Ť <u> </u>        |                         | ·          |                       |
|      |                 | Include alimony, spousal support, child support, maintenance, divorce  |             |                   |                         |            |                       |
|      |                 | settlement, and property settlement.   | 8c.         | \$_               | 0.00                    | \$         | N/A                   |
|      | 8d.             | . ,  | 8d.         | \$_               | 0.00                    | \$         | N/A                   |
|      | 8e.             | Social Security  | 8e.         | \$_               | 0.00                    | \$         | N/A                   |
|      | 8f.             | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance | <u>;</u>    |                   |                         |            |                       |
|      |                 | that you receive, such as food stamps (benefits under the Supplemental   |             |                   |                         |            |                       |
|      |                 | Nutrition Assistance Program) or housing subsidies.  |             | _                 | 0.00                    | _          | N1/A                  |
|      | 0               | Specify:   | _ 8f.       | \$_               | 0.00                    | \$         | N/A                   |
|      | 8g.<br>8h.      | Pension or retirement income Other monthly income. Specify: Mileage reimbursement  | 8g.<br>8h.+ | *_<br>· \$        | 0.00<br>496.00          | , \$       | N/A<br>N/A            |
|      | OII.            | Tips   | _ 011.7     | ຶ <del>-</del> \$ | 1,691.00                | * \$       | N/A                   |
|      |                 | Brother's contribution to household expenses   | _           | \$_               | 850.00                  | \$         | N/A                   |
|      |                 |  | _           | _                 |                         |            |                       |
| 9.   | Add             | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.          | <b>\$</b>         | 3,037.00                | \$         | N/A                   |
| 10.  | Cal             | culate monthly income. Add line 7 + line 9.  | 10. \$      |                   | 3,816.00 + \$           | N          | /A = \$ 3,816.0       |
|      | Add             | I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   |             |                   |                         |            |                       |
| 11.  |                 | te all other regular contributions to the expenses that you list in Schedule   |             |                   |                         |            |                       |
|      |                 | ude contributions from an unmarried partner, members of your household, your<br>er friends or relatives.                           | depen       | dents             | s, your roommates       | s, and     |                       |
|      |                 | not include any amounts already included in lines 2-10 or amounts that are not   | availab     | le to             | pay expenses list       | ed in Sche | dule J.               |
|      |                 | cify:  |             |                   |                         |            | 1. +\$0.0             |
| 12.  | Add             | the amount in the last column of line 10 to the amount in line 11. The res   | ult is th   | ne coi            | mbined monthly ir       | ncome.     |                       |
|      |                 | te that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certai</i>   | in Liab     | ilities           | and Related <i>Data</i> |            | 0.040.0               |
|      | app             | iles   |             |                   |                         | 1          | 2. \$3,816.0          |
|      |                 |  |             |                   |                         |            | Combined              |
| 13.  | Dο              | you expect an increase or decrease within the year after you file this form  | ?           |                   |                         |            | monthly income        |
|      | $\boxtimes$     | No   |             |                   |                         |            |                       |
|      |                 | Yes, Explain:  |             |                   |                         |            |                       |

| Eille              | n this inform                            | nation to identify yo                                      | our casa:                |  |                             |            |          |                                     |                               |
|--------------------|--|--|--------------------------|--|-----------------------------|------------|----------|-------------------------------------|-------------------------------|
| FIII               | n this inforn                            | nation to identity yo                                      | our case:                |  |                             |            |          |                                     |                               |
| Debt               | tor 1                                    | Matthew Chri   | stian Wet                | zel  |                             |            |          | if this is:                         |                               |
| Debt               | tor 2                                    |  |                          |  |                             |            |          | n amended filing<br>supplement show | ving postpetition chapter 10  |
| (Spo               | ouse, if filing)                         |  |                          |  | _                           |            |          | xpenses as of the                   |                               |
| Unite              | ed States Bar                            | nkruptcy Court for the                                     |                          | E DISTRICT OF PENNSYI<br>BBURG DIVISION                  | LVANIA,                     |            | M        | IM / DD / YYYY                      |                               |
| l                  | e number<br>nown)                        | 1:24-bk-3323   |                          |  |                             |            |          |                                     |                               |
| Of                 | ficial F                                 | orm 106J   |                          |  |                             |            |          |                                     |                               |
| Sc                 | chedul                                   | e J: Your  | Expen                    | ses  |                             |            |          |                                     | 12/1                          |
| info               | rmation. If                              |  | eded, attac              | If two married people ar<br>h another sheet to this fo   |                             |            |          |                                     |                               |
| Part               |  | cribe Your House   | hold                     |  |                             |            |          |                                     |                               |
| 1.                 | -  | oint case?   |                          |  |                             |            |          |                                     |                               |
|                    | _  | oes Debtor 2 live  | in a separa              | ate household?   |                             |            |          |                                     |                               |
|                    | _  |  | st file Officia          | al Form 106J-2, <i>Expenses</i>                          | s for Separate House        | hold of D  | ebto     | r 2.                                |                               |
| 2.                 | Do you ha                                | ave dependents?  | ⊠ No                     |  |                             |            |          |                                     |                               |
|                    | Do not list<br>Debtor 2.                 | Debtor 1 and   | ☐ Yes.                   | Fill out this information for each dependent             | Dependent's relation        |            |          | Dependent's age                     | Does dependent live with you? |
|                    | Do not sta                               |  |                          |  |                             |            |          |                                     | □ No                          |
|                    | dependent                                | ts names.  |                          |  |                             |            |          |                                     | ☐ Yes<br>☐ No                 |
|                    |  |  |                          |  |                             |            |          |                                     | Yes                           |
|                    |  |  |                          |  |                             |            |          |                                     | ☐ No<br>☐ Yes                 |
|                    |  |  |                          |  |                             |            |          |                                     | ☐ No                          |
| •                  | _  |  |                          |  |                             |            |          |                                     | Yes                           |
| 3.                 | expenses                                 | expenses include<br>of people other to<br>and your depende | han 🗌                    | No<br>Yes  |                             |            |          |                                     |                               |
| Part               | 2· Esti                                  | imate Your Ongoi   | na Monthi                | v Expenses   |                             |            |          |                                     |                               |
| Esti<br>exp<br>app | imate your<br>enses as o<br>licable date | expenses as of yor<br>f a date after the l<br>e.           | our bankru<br>bankruptcy | uptcy filing date unless y y is filed. If this is a supp | olemental S <i>chedul</i> e |            |          |                                     |                               |
| valu               | ie of such a                             | assistance and ha  |                          | ed it on Schedule I: Your                                |                             |            |          |                                     |                               |
| (Off               | icial Form                               | 106I.)   |                          |  |                             |            | _        | Your expe                           | enses                         |
| 4.                 |  | I or home owners<br>and any rent for th                    |                          | ses for your residence. I<br>r lot.                      | nclude first mortgage       |            | \$       |                                     | 886.00                        |
|                    | If not incl                              | uded in line 4:  |                          |  |                             |            |          |                                     |                               |
|                    | 4a. Rea                                  | l estate taxes   |                          |  |                             | 4a.        | \$       |                                     | 0.00                          |
|                    |  | perty, homeowner's   |                          |  |                             | 4b.        |          |                                     | 0.00                          |
|                    |  | ne maintenance, re   | •                        |  |                             | 4c.        |          |                                     | 370.00                        |
| 5.                 |  | neowner's associat<br>Il mortgage paymo                    |                          | dominium dues<br>o <b>ur residence,</b> such as ho       | me equity loans             | 4d.        | \$<br>\$ |                                     | 0.00                          |
| J.                 | Additiona                                | ortgage payille  | ioi y0                   | ai roomonios, suon as no                                 | o oquity loans              | ე.         | Φ        |                                     | 0.00                          |
| 6.                 | Utilities:                               | atrioity boot  | al ago                   |  |                             | _          | •        |                                     | 050.00                        |
|                    |  | ctricity, heat, natura<br>er, sewer, garbage               | •                        |  |                             | 6a.<br>6b. |          |                                     |                               |
|                    |  |  |                          | atellite, and cable service                              | S                           | 6c.        |          |                                     | 0.00                          |
|                    |  |  |                          |  |                             |            |          |                                     |                               |

Official Form 106J Schedule J: Your Expenses page 1

| Deb | tor 1 Matthew Christian Wetzel  | Case number (if known) | 1:24-bk-3323 |  |  |  |  |
|-----|---|------------------------|--------------|--|--|--|--|
|     | 6d. Other Specify:  | 6d. \$                 | 0.00         |  |  |  |  |
| 7.  | Food and housekeeping supplies  | <del></del>            | 400.00       |  |  |  |  |
| 8.  | Childcare and children's education costs  | 0 0                    | 0.00         |  |  |  |  |
| 9.  | Clothing, laundry, and dry cleaning   |                        | F0.00        |  |  |  |  |
|     | Personal care products and services   | 10 0                   | 20.00        |  |  |  |  |
| 11. |   | 11. \$                 | 0.00         |  |  |  |  |
| 12. | <b>Transportation.</b> Include gas, maintenance, bus or train fare.   |                        | 0.00         |  |  |  |  |
|     | Do not include car payments.  | 12. \$                 | 1,000.00     |  |  |  |  |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books  |                        | 0.00         |  |  |  |  |
| 14. | Charitable contributions and religious donations  |                        | 30.00        |  |  |  |  |
| 15. | Insurance.  |                        |              |  |  |  |  |
|     | Do not include insurance deducted from your pay or included in lines 4 or 20.   |                        |              |  |  |  |  |
|     | 15a. Life insurance   |                        | 0.00         |  |  |  |  |
|     | 15b. Health insurance   | 15b. \$                | 0.00         |  |  |  |  |
|     | 15c. Vehicle insurance  | 15c. \$                | 0.00         |  |  |  |  |
|     | 15d. Other insurance. Specify:  | 15d. \$                | 0.00         |  |  |  |  |
| 16. | <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.   | 40. 4                  | 0.00         |  |  |  |  |
| 47  | Specify:  | 16. \$                 | 0.00         |  |  |  |  |
| 17. | Installment or lease payments: 17a. Car payments for Vehicle 1  | 17a. \$                | 0.00         |  |  |  |  |
|     | 17b. Car payments for Vehicle 2   | 471. 0                 | 0.00         |  |  |  |  |
|     |   | 17b. \$<br>17c. \$     | 0.00         |  |  |  |  |
|     | 17c. Other. Specify:  | 17c. \$<br>17d. \$     | 0.00         |  |  |  |  |
| 18  | Your payments of alimony, maintenance, and support that you did not report as   |                        | 0.00         |  |  |  |  |
| 10. | deducted from your pay on line 5, Schedule I, Your Income (Official Form 1061).   |                        | 0.00         |  |  |  |  |
| 19. | Other payments you make to support others who do not live with you.   | \$                     | 0.00         |  |  |  |  |
|     | Specify:  | 19.                    |              |  |  |  |  |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Sch  | edule I: Your Income.  |              |  |  |  |  |
|     | 20a. Mortgages on other property  | 20a. \$                | 0.00         |  |  |  |  |
|     | 20b. Real estate taxes  | 20b. \$                | 0.00         |  |  |  |  |
|     | 20c. Property, homeowner's, or renter's insurance   | 20c. \$                | 0.00         |  |  |  |  |
|     | 20d. Maintenance, repair, and upkeep expenses   | 20d. \$                | 0.00         |  |  |  |  |
|     | 20e. Homeowner's association or condominium dues  | 20e. \$                | 0.00         |  |  |  |  |
| 21. | Other: Specify:   | 21. +\$                | 0.00         |  |  |  |  |
| 22  | Calculate your monthly expenses   |                        |              |  |  |  |  |
|     | 22a. Add lines 4 through 21.  | \$                     | 3,016.00     |  |  |  |  |
|     | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  | \$                     | 0,010.00     |  |  |  |  |
|     | 22c. Add line 22a and 22b. The result is your monthly expenses.   |                        | 2.016.00     |  |  |  |  |
|     | 22c. Add line 22a and 22b. The result is your monthly expenses.   | Ψ                      | 3,016.00     |  |  |  |  |
| 23. | Calculate your monthly net income.  |                        | <u> </u>     |  |  |  |  |
|     | 23a. Copy line 12 (your combined monthly income) from Schedule I.   | 23a. \$                | 3,816.00     |  |  |  |  |
|     | 23b. Copy your monthly expenses from line 22c above.  | 23b\$                  | 3,016.00     |  |  |  |  |
|     |   |                        |              |  |  |  |  |
|     | 23c. Subtract your monthly expenses from your monthly income.   |                        | 000.00       |  |  |  |  |
|     | The result is your monthly net income.  | 23c.   \$              | 800.00       |  |  |  |  |
| 24. | Do you expect an increase or decrease in your expenses within the year after you file this form?  For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  No.  Yes. Explain here: Debtor's home is in need of approximately \$5000 in plumbing repair. |                        |              |  |  |  |  |
|     |   |                        |              |  |  |  |  |